

# Insurance Sample

**ACORD. CERTIFICATE OF LIABILITY INSURANCE**

PRODUCER  
Whitfield's United Insurance  
Insurance Department  
125 Broadway  
Seattle, WA 98101  
Tel: 206-461-2300 Fax: 425-258-9363

THIS CERTIFICATE IS ISSUED ONLY AND CONFERS NO RIGHTS ON THE POLICY HOLDER. THIS CERTIFICATE CANNOT BE ALTERED OR AMENDED.

INSURERS

INSURER A: Mutual  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

## Construction Company name

- is it the same as the bond and registration form?

## Insurer Affording Coverage

- verify that the insurer is listed with the insurance commission or surplus
- If multiple insurers are listed, General liability provider must be identified in the box on the left.

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	D34752	02/02/07	02/02/08	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	COMMERCIAL GENERAL LIABILITY				
	CLAIMS MADE				
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	POLICY				
	AUTOMOBILE LIABILITY				
	ANY AUTO				
	ALL OWNED AUTOS				
	SCHEDULED AUTOS				
	HIRED AUTOS				
	NON-OWNED AUTO				
	GARAGE LIABILITY				
	ANY				
	LIABILITY				
	CLAIMS MADE				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				

## Commercial General Liability

At least \$250,000 per occurrence

## Effective dates

- are they current
- are they in the future
- today's date: \_\_\_\_\_

## Policy Number

DESCRIPTION OF OPERATIONS/LOCATIONS/VESSELS/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS  
Contractor's License Renewal

## Certificate Holder

HOLDER N ADDITIONAL INSURED; INSURER LETTER: 0001009

State of Washington  
Dept of Labor and Industries  
Contractors Registration  
P O Box 44450  
Olympia WA 98504-9689

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Charles E. [Signature]

## Agents Signature

- stamped or
- original form

ACORD 26-S (7/97)